

R381-60-10: RATIOS AND GROUP SIZE

The rules in this section regulate the caregiver-to-child ratio which is the maximum number of children each caregiver may be responsible for. The rules also limit group size meaning the number of children being cared for in one group at the same time. These rules are based on what children need for quality nurturing care.

Rules regarding the caregiver-to-child ratio and group size apply any time there are children in care, including when children are being transported and during offsite activities. The rules also apply during special activities when child care is provided at the center, such as Parents' Night Out.

Rule	Child's Age	Unrelated Child	Provider's Own Child	Caregiver's Own Child	Other Related Child
Does the child count in the caregiver-to-child ratio?	0-3 Years	Yes	Yes	Yes	Yes
	4 years & older	Yes	No ¹	No ¹	Yes
Does the child count in maximum group size?	0-3 Years	Yes	Yes	Yes	Yes
	4 years & older	Yes	No ¹	No ¹	Yes

¹ The provider's and caregivers' children who are 4 years old and older do not count in the caregiver-to-child ratio or group size as long as the provider or caregiver is working at the facility.

Refer to the following guidelines:

- The rules are assessed according to the number of children present in each group and not by the number of enrolled children.
- Multiple groups can be in gyms and outdoor areas at the same time as long as there is adequate square footage per child and caregiver-to-child ratios are maintained. This excludes infant and toddler groups unless they are in a separate area defined by furniture, other partitions, or fences.
- For an individual to count in the caregiver-to-child ratio, they must:
 - Meet personnel requirements as specified in rule,
 - Be on the premises or in the area where the children are being cared for, and
 - Be performing caregiving duties.
- A group with more than one caregiver may be out of ratio for a very brief period of time when:
 - One caregiver must leave the room (but not the premises) in order to meet the immediate needs of the children in their group.
 - Meeting the immediate needs of the children includes tasks such as helping a child who is injured or sick, getting food for the children, giving medication to a child, helping a child in the bathroom, or helping a child change soiled clothing.
 - Tasks that are not considered meeting the immediate needs of children include doing laundry or other housekeeping duties, making personal phone calls, or taking a work break.
 - A staff person needs to use the bathroom and there is no other employee present in the center (cook, director, receptionist, etc.) to assist in giving the caregiver a break.

- The option to leave the children with one caregiver does not apply to leaving children with a 16- or 17-year-old since individuals younger than 18 may never have unsupervised contact with any child in care, even for brief periods of time.
- Preschoolers and school-age children may temporarily, no more than 2 hours, be in groups that exceed maximum group sizes for outdoor play, meal times, nap times, or if there is a special activity such as a puppet show, provided the required caregiver-to-child ratios are maintained.
- When a staff member does not count in the caregiver-to-child ratio and is caring for their own child, the staff member's child does not count in the ratio, capacity, or group size. That parent is the only person responsible for the care of their child.
- An individual can bring an additional child to the infant room to change their diaper without altering the ratio as long as the individual is fully responsible for that child and not helping care for other children in the room.

45 Minute Allowance

For unforeseen circumstances, the caregiver-to-child ratio may be out of compliance for up to 45 minutes. Examples of unforeseen circumstances include:

- A caregiver does not arrive at their scheduled time.
- Children arrive earlier or depart later than their normal time without advance notification from their parent.
- All of the on-call employees were contacted, but are unavailable.
- A caregiver needs to leave due to an emergency.
- A caregiver leaves their employment without advance notice or is dismissed for immediate cause.

To remain in compliance with ratios during unforeseen circumstances, refer to the following guidelines:

- The provider must address the situation as soon as it is known that ratios will be out of compliance due to an unforeseen circumstance. The intent of the 45 minutes is to allow enough time for an approved individual to arrive and place the facility back into ratio.
- Children must not be left unsupervised.
- Sign-in and sign-out records must be up-to-date and available for review by CCL.
- If licensing staff arrive when ratios are out of compliance, but the ratio is brought into compliance within the 45 minute allowance, it will not be considered a rule violation. Instead:
 - Two Focus Inspections will be conducted to confirm that it was an unforeseen circumstance.
 - If ratios are out of compliance at the first Focus Inspection, a corrective action will be issued and the second Focus Inspection will not be conducted. Instead, a Followup Inspection will be conducted to verify correction is maintained. (When following up on a ratio violation, all classrooms and areas will be assessed, not just the classroom or areas that were found out of compliance.)
 - If ratios are in compliance at the first and second Focus Inspections, no corrective actions will be issued, but the situation will be documented in the CCL App.
- It is a rule violation if the ratio is not brought into compliance within the 45 minutes.

Emergency Ratio Variance

When unforeseen circumstances occur and the provider cannot meet the required staff-to-child ratio, CCL may grant an emergency variance to the ratio rule for up to ten working days. Examples of long-term, unforeseen circumstances include:

- A staff member leaves their employment without advance notice or is dismissed for immediate cause.

To obtain this variance, the provider must:

- Contact their licensor within 24 hours (or contact other CCL staff if the licensor is unavailable), and
- Inform their licensor of the number of staff who left employment or took an unexpected leave of absence, the staff's names and/or their Covered Individual Numbers.

Refer to the following guidelines:

- This variance is not granted for planned or scheduled leave of absence.
- The required caregiver-to-child ratio for children younger than 2 years old must be maintained. A ratio variance will not be approved for this age group.
- The number of children (2 years old and older) per caregiver may not be more than 1½ times the number stated in rule.
- The provider must maintain compliance with supervision rules. A variance for supervision will not be granted.
- A Focus Inspection will be conducted to verify compliance with ratios after the variance expires.

(1) **As listed in Table 1, the provider shall:**

- (a) maintain at least the number of caregivers and not exceed the number of children in the caregiver-to-child ratio, and**
- (b) not exceed the maximum group sizes.**

Table 1 Caregiver-to-Child Ratios		
# of Caregivers	# of Children	Limits for Mixed Ages
1	12 per group	No children younger than age 2
1	8 per group	2 children younger than age 2
1	6 in the facility	3 children younger than age 2
2	24 per group	No children younger than age 2
2	16 per group	4 children younger than age 2

Rationale / Explanation

There are many reasons for regulating the caregiver-to-child ratio and group size. These rules ensure that there are enough caregivers to actively supervise children, ensure children's safety, and meet their needs. Direct, warm social interaction between adults and children is more common and more likely with lower child-to-staff ratios. Maintaining a smaller group size allows older children to have needed adult support and guidance while encouraging independent, self-initiated play and other activities. *CFOC 3rd ed. Standards 1.1.1.1. - 1.1.1.2. pp. 3-5.*

It is also important to maintain appropriate caregiver-to-child ratios because caring for too many children increases the possibility of stress for caregivers, and may result in their loss of self-control. *CFOC 3rd ed. Standards 1.1.1.1. - 1.1.1.2. pp. 3-5.*

The American Academy of Pediatrics and the American Public Health Association recommend that there always be one caregiver for every two infants and toddlers who are cared for. It is also recommended that even if all children are older than two years, the maximum number of children being cared for by one caregiver should not exceed six children. *CFOC 3rd ed. Standards 1.1.1.1.*

- 1.1.1.2. pp. 3-5.

The number of children in drop-in facilities constantly fluctuates. The provider must plan how to maintain the caregiver-to-child ratio under these circumstances. One way to do this is to be in compliance with rule R381-60-7(8) that requires the provider to have “employees who are on call, and, when needed, can arrive at the facility within 20 minutes.”

High Risk Rule Violation

Corrective Action for 1st Instance

Citation and CMP Warning when:

- There are infants or toddlers in care and the group is over ratio by any number of children.
- With 1 caregiver, there are no infants or toddlers in care and the group is over ratio by 4 or more children.
- With 2 caregivers, there are no infants or toddlers in care and the group is over ratio by 8 or more children.
- A group is over ratio by any number of children during transportation or offsite activities.

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning when:

- With 1 caregiver, there are no infants or toddlers in care and the group is over ratio by 3 children.
- With 2 caregivers, there are no infants or toddlers in care and the group is over ratio by 5 to 7 children.

Low Risk Rule Violation

Corrective Action for 1st Instance

Warning when:

- With 1 caregiver, there are no infants or toddlers in care and the group is over ratio by 1 to 2 children.
- With 2 caregivers, there are no infants or toddlers in care and the group is over ratio by 1 to 4 children.

- (2) **Children in care shall include the provider’s and caregivers’ own children younger than age 4 years old.**
- (3) **The provider’s or an caregivers’ own children age 4 years or older shall not be counted in the caregiver-to-child ratios and group sizes when the parent of the child is working at the center.**

Rationale / Explanation

This rule is considered when determining compliance to capacity, ratios, and maximum group sizes.

Compliance Guidelines

- A child’s parent is considered to be working at the facility if they are “on the clock” and on the premises or have left to perform a work-related duty (for example, a bus run or buying center supplies).

- (4) **If more than 2 infants or toddlers are included in mixed-age group, and the group has more than 6 children, there shall be at least 2 caregivers with the group unless there are 6 or fewer children in the facility.**

Rationale / Explanation

Infants need quiet, calm environments, away from the stimulation of older children and other groups. Toddlers are relatively new at basic motor skills such as walking, climbing, and running, and have slower reaction times. Both infants and toddlers are smaller than older children. Because of these developmental differences, mixing infants or toddlers with older, larger, and more physically developed children places the infants and toddlers at increased risk for unintentional injuries, such as being bumped, knocked down, stepped on, or otherwise hurt by the older children. *CFOC 3rd ed. Standard 2.1.2.4 p. 59.*

High Risk Rule Violation

Corrective Action for 1st Instance

Citation and CMP Warning

- (5) **When caring for children younger than 2 years old in single-age groups:**
(a) **there shall be no more than 4 children with one caregiver, and**
(b) **these children shall be cared for in an area that is physically separated from older children.**

Rationale / Explanation

The purpose of this rule is to ensure that there are enough caregivers present to always care for and supervise the children. Also, groups with infants or toddlers present are limited, so that in the event of an emergency, there will be enough adults present to safely evacuate the children, including infants and toddlers who would need to be carried. *CFOC 3rd ed. Standard 1.1.1.2. pp. 4-6.*

Separation of infants from older children is also important for reasons of disease prevention. Rates of hospitalization for all forms of acute infectious respiratory tract diseases are highest during the first year of life. Since most respiratory infections are spread from older children or adults to infants, exposure of infants to older children should be restricted. *CFOC 3rd ed. Standard 2.1.2.4 p. 59.*

High Risk Rule Violation

Corrective Action for 1st Instance

Citation and CMP Warning

- (6) **If there is only one caregiver in the facility and no children younger than 2 years old are present, the provider can be temporarily out of ratio if:**
(a) **a second caregiver arrives within 20 minutes from when the 13th child arrived, and**
(b) **the total number of children present does not exceed 16.**

Rationale / Explanation

The provider must ensure that there are enough caregivers present to always care for and supervise the children including in the event of an emergency. It is also important to maintain appropriate caregiver-to-child ratios because caring for too many children increases the possibility of stress for caregivers, and may result in loss of their self-control. *CFOC 3rd ed. Standard 1.1.1.1. - 1.1.1.2. pp. 3-6.*

The number of children in drop-in facilities constantly fluctuates. The provider must plan how to maintain the caregiver-to-child ratio under these circumstances. One way to do this is to be in compliance with rule R381-60-7(8) that requires the provider to have “employees who are on call, and, when needed, can arrive at the facility within 20 minutes.”

Compliance Assessment

- If licensing staff arrive when ratios are out of compliance and there is only one caregiver in the facility, licensing staff will:
 - Ask how long it has been since the 13th child arrived.
 - If necessary, check the sign-in and sign-out records for verification.

- (7) **Caregivers who are 16 or 17 years old may be included in the caregiver-to-child ratio, but shall not have unsupervised contact with any child in care.**

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend that caregivers be at least 18 years of age, and those individuals who are younger than 18 years old should never be left alone with children. *CFOC 3rd ed. Standard 1.3.2.3. p. 13.*

Research in brain development and functioning in teenagers indicates that teenagers' responses to situations are more emotional and impulsive, and show less reasoned judgment than adult responses. For more information about this research, see:

- www.nimh.nih.gov/Publicat/teenbrain.cfm
- www.pbs.org/wgbh/pages/frontline/shows/teenbrain/

Compliance Assessment

Refer to the following guidelines:

- A 16- or 17-year-old caregiver may never have unsupervised contact with a child in care at any time.
- A caregiver or other employee who is at least 18 years old and has passed a CCL background check must always be present in the room when a 16- or 17-year-old is caring for children.

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning

- (8) **Volunteers may be included in the caregiver-to-child ratio if they:**
- (a) are at least 16 years old,
 - (b) receive at least 2.5 hours of preservice training before counting in the caregiver-to-child ratio, and
 - (c) complete at least ½ hour of child care training for each month they volunteer 40 hours or more.

Rationale / Explanation

Preservice training ensures that all those who work with the children in care receive specific and basic training for the work they will be doing and are informed about their new responsibilities. Preservice and ongoing training are especially important for those who may have limited education qualifications or experience working with children. *CFOC 3rd ed. Standard 1.4.2.1. p. 21.*

Compliance Assessment

- The provider's personnel records should verify that the volunteer has completed preservice training and if required, annual training.

High Risk Rule Violation

Corrective Action for 1st Instance

Citation and CMP Warning when a volunteer:

- Counted in the caregiver-to-child ratio and is younger than 16 years old.

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning when a volunteer:

- Did not receive 2.5 hours of preservice training.
- Had unsupervised contact with a child in care before receiving or completing preservice training.
- Did not complete the annual child care training hours by the license expiration date.

- (9) Student interns who are registered in a high school or college child care course may count in the caregiver-to-child ratio when requirements in R381-60-7(14)(a)-(c) are met.**

Compliance Assessment

- When a student intern counts in the caregiver-to-child ratio, they:
 - May not have unsupervised contact with any child in care, and
 - Must wear a guest nametag.

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning

- (10) Guests shall not count in caregiver-to-child ratios.**

Rationale / Explanation

The relationship between adults and children is of utmost importance and should be supported by caregivers who meet all personnel requirements. Guests are not required to be background screened or receive training and therefore may not be responsible for any child in care.

CFOC 3rd ed. Guiding Principle 4. p. xix.

Risk and Corrective Action for 1st Instance

Refer to 60-7(9) and/or 60-8(1) for noncompliance with this rule.